Submit 3 Copies To Appropriate Distric		ew Mexico	Form C-103
Office District I	Energy, Minerals and Natural Resources		WELL API NO.
1625 N. French Dr., Hobbs, NM 88240 District II		ATION DIVISION	30-025-05902
1301 W. Grand Ave., Artesia, NM 882 District III	10	St. Francis Dr.	5. Indicate Type of Lease
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe NM 87505		STATE FEE 6. State Oil & Gas Lease No.	
District IV  1220 S. St. Francis Dr., Santa Fe, NM  87505			
SUNDRY NOTICES AND REPORTS ON WELLS (DO NOT USE THIS FORM FOR PROPOSALS TO DRILL OR TO DEEPEN OR PLUG BACK TO A			7. Lease Name or Unit Agreement Name
DIFFERENT RESERVOIR. USE "APPLICATION FOR PERMIT" (FORM C-101) FOR SUCH			EME SWD System
PROPOSALS.) 1. Type of Well:			8. Well Number
Óil Well ☐ Gas Well ☐ Other SWD Well			M-5
2. Name of Operator	0 0		9. OGRID Number
Rice Operating Co.  3. Address of Operator			9. Pool name or Wildcat
	. Taylor, Hobbs, NM 88240		Monument San Andres
4. Well Location			
Unit Letter M_	: 990 feet from the	South line and	330feet from theWestline
Section 5	Township 2	20S Range 37	7E NMPM LEA County
11. Elevation (Show whether DR, RKB, RT, GR, etc.) 3554' GL; 3567' KB			
Pit or Below-grade Tank Application (For pit or below-grade tank closures, a form C-144 must be attached)			
Pit Location: ULSectTwpRngPit typeDepth to GroundwaterDistance from nearest fresh water well			
Distance from nearest surface water	r Below-grade Tank Loca	tion ULSectTw	rp;
feet from theline a	ndfeet from the	line	
12. Check Appropriate Box to Indicate Nature of Notice, Report or Other Data			
NOTICE OF PERFORM REMEDIAL WORK	INTENTION TO:  PLUG AND ABANDON		SEQUENT REPORT OF: K ⊠ ALTERING CASING □
			ILLING OPNS. PLUG AND
PULL OR ALTER CASING		☐ CASING TEST A	ABANDONMENT ND □
PULL OR ALTER CASING	COMPLETION	CEMENT JOB	
OTHER:		OTHER:	
13. Describe proposed or completed operations. (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work). SEE RULE 1103. For Multiple Completions: Attach wellbore diagram of proposed completion			
or recompletion.  Repaced 39 joints of 51/2" tubing, tested pipe GIH, set packer at 4438', load backside with packer fluid and test to 450 psi for 30			
Min. test witnessed by Buddy Hill. Return well to injection on 12-15-04			
I hereby certify that the information above is true and complete to the best of my knowledge and belief. I further certify that any pit or below-grade tank has been/will be constructed or closed according to NMOCD guidelines , a general permit or an (attached) alternative OCD-approved plan .			
SIGNATURE		ΓΙΤLE <u>Operation Manage</u>	er DATE 12-16-04
Type or print name Sco	tt Curtis E-ma	il address:	Telephone No.
(This space for State use)			
APPPROVED BY */Qax	14), 10), 15	TITLE.	USTAFF MANAGER DATE DEC 1 7 2004
APPPROVED BY A TITLE Conditions of approval, if any:  OC FIELD REPRESENTATIVE II/STAFF MANAGER DATE DEC 1 7 2004			
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